

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044565

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 170

Primary Registration District No. 431

Registrar's No. 202

FILED DEC 9 1963

VS 300  
Rev. 4/59

1 0530

2 0530

3

4 1

5 1

6

7 0

8 2

9 4201

10

11

12 90.0

13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Laclede

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Washington T.S.Length of stay in 1b  
30 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Rural Route #1Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY Laclede

c. CITY  
OR  
TOWN

Conway

Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS(If outside, give location)  
Rural Rt. #1Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Bada

Christina

Peters

4. DATE  
OF  
DEATHMonth  
Dec.Day  
2Year  
1963

## 5. SEX

female

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8-1-10

## 9. AGE (last birthday)

53

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
housewife10b. KIND OF BUSINESS OR INDUSTRY  
none11. BIRTHPLACE (City and state or country)  
Laclede Co. Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Jasper Shields

## 13b. MOTHER'S MAIDEN NAME

Levinna Freshour

## 14. NAME OF HUSBAND OR WIFE

Lawrence Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no none16. SOCIAL SECURITY NO.  
3717. INFORMANT  
Address  
Lawrence Peters, Rt. 1, Conway, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

myocardial infarct, acute

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at7-15-62 to 12-2-62 and last saw her alive on 12-1-62  
7:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION  
REMOVAL (Specify)

burial

23b. DATE

12-5-63

23c. NAME OF CEMETERY OR CREMATORY

Morgan Cemetery

23d. LOCATION (City, town, or county)

Morgan, Laclede Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lebanon, Mo.

25. DATE RECD. BY LOCAL REG.

12-5-1963

26. REGISTRAR'S SIGNATURE

Hilda L. May

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

DEC 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Re M. Abbott*  
5115

Licensed Embalmer No.

P. O. Address

*Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 12-5-1963 W.L.H.